



Idaho State Board of Pharmacy

3380 Americana Terrace #320 PO Box 83720 Boise, ID 83720-0067
208/ 334-2356 Phone 208/ 334-3536 Fax

PHARMACIST ADDITIONAL EMPLOYMENT

*****If working at more than one location provide information for each.*****

RPh License No. _____ Name: _____

PLACE OF EMPLOYMENT *Effective Date:* _____

Pharmacy License No. _____ Pharmacy Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Pharmacist in Charge ☐ Staff ☐ Relief ☐ Full-time ☐ Part-time ☐

PLACE OF EMPLOYMENT *Effective Date:* _____

Pharmacy License No. _____ Pharmacy Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Pharmacist in Charge ☐ Staff ☐ Relief ☐ Full-time ☐ Part-time ☐

PLACE OF EMPLOYMENT *Effective Date:* _____

Pharmacy License No. _____ Pharmacy Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Pharmacist in Charge ☐ Staff ☐ Relief ☐ Full-time ☐ Part-time ☐